

STANDARD CERTIFICATE OF DEATH

State File No. 29399

LED SEP 3-1952

318

PRIMARY REG. DIST. NO.

1003

Registrar's No.

7781

BIRTH NO.

REG. DIST. NO.

PRIMARY REG. DIST. NO.

Registrar's No.

7781

1. PLACE OF DEATH a. COUNTY			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY			
d. CITY (If outside corporate limits, write RURAL and give township) ST. LOUIS		c. LENGTH OF STAY (In this place) 2 days	c. CITY (If outside corporate limits, write RURAL and give township) St. Louis		d. STREET ADDRESS (If rural, give location) 108 N. Kingshighway Blvd.	
3. NAME OF DECEASED (Type or Print) a. (First) FREDERICK b. (Middle) MONTGOMERY c. (Last) DUNN.			4. DATE OF DEATH (Month) (Day) (Year) Aug 13 1952			
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Separated	8. DATE OF BIRTH Oct. 3, 1900		9. AGE (In years last birthday) IF UNDER 1 YEAR Months Days Hours Min. 51	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired: Real Estate Dealer (Self Emp)		10b. KIND OF BUSINESS OR INDUSTRY Dealer (Self Emp)	11. BIRTHPLACE (City and State or Foreign Country) Chicago, Illinois		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME Dennis Dunn.		13b. MOTHER'S MAIDEN NAME Aleen Montgomery		14. NAME OF HUSBAND OR WIFE unknown Dunn.		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. None	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Dr. Otto J. Wilhelm; Webster Groves,			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.			MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebrovascular accident ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Arteriosclerosis DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Cerebros			INTERVAL BETWEEN ONSET AND DEATH 3 mo. yes yes
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)		
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? 331X		
22. I hereby certify that I attended the deceased from Jan 1, 1951, to Aug 13, 1952, that I last saw the deceased alive on Aug 13, 1952, and that death occurred at 4:10 p.m., from the causes and on the date stated above.						
23a. SIGNATURE (Degree or title) Bernard Wilhelm, M.D.			23b. ADDRESS 3720 Washington		23c. DATE SIGNED Aug 17/52	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 8-16-1952	24c. NAME OF CEMETERY OR CREMATORY Calvary Cemetery		24d. LOCATION (City, town, or county) (State) St. Louis, Mo.	
DATE REC'D BY LOCAL REG. AUG 15 1952		REGISTRAR'S SIGNATURE J. Carl Smith, M.D.		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS C.R. Lupton & Sons; 7233 Delmar Blvd.		

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed Arnold W. Schoene

Licensed Embalmer No. 3864

P. O. Address St. Louis, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.